

# Application for License Reinstatement

## MINNESOTA BOARD OF OPTOMETRY

2829 University Avenue SE, Suite 403

Minneapolis, MN 55414-3250

(651) 201-2762

INSTRUCTIONS TO APPLICANT	FOR BOARD USE ONLY
1. Answer all questions completely, accurately, and legibly or the application will be returned.	APPLICATION # _____
2. The name you enter must be the name on record with the board, or documentation of formal name change must be submitted.	CHECK/RECEIPT# _____
3. All addresses must include zip code if requested on the application.	AMOUNT PAID \$ _____
4. <b>FEE IS NON-REFUNDABLE.</b>	REINSTATEMENT DATE _____
	RENEWAL CERTIFICATE # _____

### ***YOUR CURRENT NAME AND ADDRESS***

Full Legal Name (Last, First, Middle)		Maiden Name	Gender
Street Address			
City	State or Province	Zip Code	Country
Contact Phone	Other Phone/Cell	Email	
Social Security or Alien Registration Number		OE Tracker Number	

### **RIGHTS OF SUBJECTS OF DATA**

Under Minnesota Statutes, section 13.41, subdivision 2 (1994), information you provide in this application except for your name and address is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate, while you remain an applicant. When you become licensed, the information in your file related to your license is classified as public under Minnesota Statutes, section 13.41, subdivision 4 (1994).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

PRIMARY PRACTICE LOCATIONS SINCE NON-RENEWAL OF YOUR LICENSE		
BUSINESS NAME	ADDRESS	FROM TO
BUSINESS NAME	ADDRESS	FROM TO
BUSINESS NAME	ADDRESS	FROM TO

STATES/PROVINCES IN WHICH YOU ARE OR HAVE BEEN REGISTERED OR LICENSED					
You must have each state complete a license verification form.					
STATE/PROVINCE	LICENSE NUMBER	DATE ISSUED	EXPIRATION	HOW OBTAINED	
				<u>Examination</u>	<u>Endorsement</u>

<p>REGARDING THE ABOVE LISTED LICENSES, HAVE YOU BEEN PREVIOUSLY DISCIPLINED, REPRIMANDED OR HAS YOUR PRACTICE BEEN RESTRICTED IN ANY WAY?</p> <p>_____YES _____NO</p> <p><b>IF YES, EXPLAIN.</b></p>
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To qualify for license reinstatement from the Board of Optometry you must meet the requirements as stated in Minnesota Rule 6500.2900.

\_\_\_\_\_ I have attached a listing of continuing education, including certificates of attendance, attended that meet requirements that would have applied had license not expired.

\_\_\_\_\_ I have submitted all annual fees and late penalties for the years between expiration and application for reinstatement.

I have read Minn. Statutes Sections 148.52 through 148.62, and I understand that these are the laws that govern the practice of optometry in Minnesota. I have read Minn. Rules 6500.0100 through 6500.2900, and I understand these are the rules established by the Board of Optometry to administer and enforce the laws that govern optometry. I understand that as a licensee, I will be legally and ethically obligated to be familiar with and abide by the laws and rules described above.

Signature \_\_\_\_\_  
***MUST BE SIGNED***

***AFFIDAVIT OF APPLICANT***

***State of*** \_\_\_\_\_  
***County of*** \_\_\_\_\_

\_\_\_\_\_, ***being first duly sworn, says that she/he is the person referred to in the above application for license reinstatement to practice optometry in the State of Minnesota, and that the statements herein contained are each and all strictly true in every respect.***

\_\_\_\_\_  
***Signature of Applicant***

***Subscribed and sworn to before me this***  
***\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.***

\_\_\_\_\_  
***Notary Public***

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## REQUEST FOR LICENSE VERIFICATION

**APPLICANT:** Complete the applicant section of this form then forward this form to the jurisdiction in which you are requesting verification of your license.

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**LICENSING JURISDICTION:** Return completed form directly to the Minnesota Board of Optometry at the address listed above.

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Current License Status: Active \_\_\_\_\_ Inactive \_\_\_\_\_ Lapsed \_\_\_\_\_ Other \_\_\_\_\_

Licensed by: National Board Examinations \_\_\_\_\_  
State Examination(s) \_\_\_\_\_ Written \_\_\_\_\_ Practical \_\_\_\_\_  
Waiver \_\_\_\_\_  
Reciprocity/Endorsement \_\_\_\_\_ From which state \_\_\_\_\_

If licensed by state examination, provide subjects and scores.

SUBJECT	SCORE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has this license ever been revoked, suspended, surrendered, restricted, limited, or placed on probation?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE EXPLAIN ON REVERSE SIDE OR PROVIDE COPIES OF DISCIPLINARY ACTION TAKEN.

Is applicant currently under investigation or charged with a violation of the practice act?

NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, PLEASE EXPLAIN ON REVERSE SIDE.

### FORM COMPLETED BY:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

STATE SEAL